PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required), Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 26181 11/15/2006

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO
10/008,380	11/13/2001			n Talpade	10527-640001	2877
				ON FOR INTRAVASCULAR		DATE DATE
APPLN, TYPE nonprovisional	SMALL ENTITY NO	ISSUI		PUBLICATION FEE	TOTAL FEE(S) DUE \$1700	DATE DUE 02/15/2007
nonprovisional	NO	\$1400		\$300	\$1700	02/15/2007
EXAMINER		ART UNIT		CLASS-SUBCLASS		
JUNG, WILLIAM C.			3768 600-410000		ı	
1. Change of correspondence address or indication of "Fee Address" (37 FR 1.363). [] Change of correspondence address for Change of Correspondence Address form PTO/SB/1/2 attached. [X] "Fee Address" indication for "Fee Address" indication form PTO/SB/1/2, No. 04.20 or more recent) stateched. Use of a Customer PTO/SB/1/2, No. 04.20 or more recent) stateched. Use of a Customer PASS ASS/NET (Fig. 100.20 or more recent) stateched. Use of a Customer PTO/SB/1/2, No. 10.20 or more recent) stateched. Use of a Customer PTO/SB/1/2, No. 10.20 or more recent part of the PTO/SB/1/			Imm (having as a member a registered attorney or 2, agent) and the names of up to 2 registered patent attorneys or agents. If no manne is insted, no name will be printed. 3. THE PALEXT (print or type) THE PALEXT (print or type)			
previously submitted to th (A) NAME OF ASSIGNE	ie USPTO or is being submitte	d under separate	cover. Comple	ction of this form is NOT a sub (CITY and STATE OR COU!	stitute for filing an assignment.	
Boston Scientific Scimed	, Inc.	M	aple Grove, M	N		
Please check the appropriate	assignee category or categoric	es (will not be pr	rinted on the pa	tent): [] individual [X]	corporation or other private group	entity [] governme
4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [] Advance Order - # of Copies			Ab. Psyment of Fee(s): A check in the amount of the fee(s) is enclosed. Psyment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number (de-1002) (enclose an extra copy of this form).			
	(from status indicated above) MALL ENTITY status. See 37	CFR 1.2.7.	[]b. App	olicant is no longer claiming S?	MALL ENTITY status. See 37 C	FR 1.27(g)(2).
The Director of the USPTO NOTE: The issue Fee and P shown by the records of the	is requested to apply the Issue blication Fee (if required) wi Untied States Patent and Trade	Fee and Publica Il not be accepte mark Office.	tion Fee (if an d from anyone	or to re-apply any previously other than the applicant, a region.	paid issue fee to the application istered agent or, or the assignce of	identified above, r other party in interest a
(Authorized Signature) /	Brenda M. Leeds Binder/			(Datc) Febr	ruary 13, 2007	
Typed or Printed Name Brenda M. Leeds Binder				Registration No57,520		

runs conscision on incrimation is required by 3 f. U.S. P. 2 and 3 G. T. H. 1. This collection is estimated to be than or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 3 f. U.S. C. 2 and 3 G. T. H. 1. This collection is estimated to take IZ minimises to complete, including aghering, perparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Deptime after Tachesurk Office, U.S. Deptimes of Commerce, P.O. Box 1450, Alexandria, Virginia 2231-4450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2231-4450. TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process)